

	DECLARATION FOR rence to PCT Internation	PATENT APPLICATION AN nal Applications)	ND POWER OF ATTORNEY	ATTORNEY'S DOCKET NUMBER			
	ned inventor, I hereby de						
My reside	ence, post office address	and citizenship are as stated below	next to my name.				
I believe I plural nan	am the original, first and nes are listed below) of th	d sole inventor (if only one name i e subject matter which is claimed a	is listed below) or an original, first and and for which a patent is sought on the i	joint inventor (if nvention entitled:			
✓ Use of 5	-HT2 receptor an	tagonists for the trea	tment of sleep disorders				
the specifi	ication of which (check o	only one item below):					
	• • • • • • • • • • • • • • • • • • •						
	was filed as United States application						
	Serial No.						
	on						
	and was amended	A					
G	on (if applicable						
X	was filed as PCT interr						
	Number PCT/EP20						
	on, 3 Septe						
	and was amended unde	r PCT Article 19					
	on (if applicable						
	state that I have reviewed by any amendment refer		e above-identified specification, includ	ing the claims, as			
continuat	ion-in-part applications, a	e information which is material to naterial information which became anal filing date of the continuation-	patentability as defined in 37 CFR § 1 available between the filing date of the in-part application.	.56, including for e prior application			
application application below any one coun	on(s) and of any foreign on(s) designating at least	n application(s) for patent or inv one country other than the United or patent or inventor's certificate of States of America filed by me on the	119 or 365 (b) of the following United rentor's certificate or 365(a) of any last States of America listed below and har any PCT international application(s) of the same subject matter having a filing	PCT international ave also identified designating at least			
PRIOR U.S. PR	OVISIONAL AND FOREIC		PRIORITY CLAIMS UNDER 35 U.S.C. 1 DATE OF FILING	19: PRIORITY CLAIMED			
	T, indicate "PCT")	APPLICATION NUMBER	(day, month, year) 4 October 2002	UNDER 35 USC 119 YES NO			
Germany		102 40 337.3	4 October 2002	YES NO			
				YES NO			
				YES NO			
				YES NO			
Zelano (27,9) Traverso (30	69); Alan E.J. Branigan (7 ,595); John A. Sopp (33,1 40,921): Robert F. McCa	20,565); John R. Moses (24,983); H	iam Millen (19,544); John L. White (17, larry B. Shubin (32,004); Brion P. Hean; James E. Ruland (37,432); Nancy Axel (47,451); and Csaba Henter (50,908) to proceed therewith.	rod (44,014); Jennifer prosecute this			
	oondence to:Customer No.		No. Dir	rect Telephone Calls to:			

Rec'd T/PTO 04 APR 2005



Combined Declaration for Patent Application and Power of Attorney (Continued) (Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
ン ₂	OF INVENTOR	Bartoszyk	Gerd	
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
1	CITIZENSHIP	Weiterstadt	Germany DEX	Germany
	POST OFFICE	STREET	CITY	STATE & ZIP CODE/COUNTRY
	ADDRESS	Kreuzstrasse 57	64331 Weiterstadt	Germany
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
$\langle 0 \rangle_2$	OF INVENTOR	van Amsterdam	Christoph	
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
2	CITIZENSHIP	Darmstadt	Germany DEX	Germany
	POST OFFICE	STREET	CITY	STATE & ZIP CODE/COUNTRY
ı	ADDRESS	Schepp Allee 47	64295 Darmstadt	Germany
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
2	OF INVENTOR			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
3	CITIZENSHIP			
	POST OFFICE	STREET	CITY	STATE & ZIP CODE/COUNTRY
<u> </u>	ADDRESS		EIDOT GIVEN VALVE	Lange VP CHICK VI VI VI
	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
2	OF INVENTOR			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
4	CITIZENSHIP	STREET	CITY	STATE & ZIP CODE/COUNTRY
	POST OFFICE ADDRESS	SIREEI	CITT	STATE & ZIF CODE/COUNTRY
-	4	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	FULL NAME OF INVENTOR	, Aller Marie		555000000000000000000000000000000000000
2		CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
0	RESIDENCE & CITIZENSHIP		omi bom onbion coomin	
5	-	STREET	CITY	STATE & ZIP CODE/COUNTRY
	POST OFFICE ADDRESS			
-	CHILL MAKE	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
_	FULL NAME OF INVENTOR			
2	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
0	CITIZENSHIP			1
6	POST OFFICE	STREET	CITY	STATE & ZIP CODE/COUNTRY
	ADDRESS			
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
2	OF INVENTOR		<u> </u>	
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
7	CITIZENSHIP			
	POST OFFICE	STREET	CITY	STATE & ZIP CODE/COUNTRY ~
	ADDRESS			



Combined Declaration for Patent Application and Power of Attorney (Continued)
(Includes Reference to PCT International Applications)

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	POST OFFICE ADDRESS	STREET	CITY	STATE & ZIP CODE/COUNTRY
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1 2	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOD 201	DATE	SIGNATURE OF INVENTOR 207	DATE
of Buf	2 February 20	95	
SIGNATURE OF UNVENTOR 202	DATE	SIGNATURE OF INVENTOR 208	DATE
Chistoph van Austryloen	2 February 2	05	
SIGNATURE OF INVENTOR 203	DATE	SIGNATURE OF INVENTOR 209	DATE
SIGNATURE OF INVENTOR 204	DATE	SIGNATURE OF INVENTOR 210	DATE
SIGNATURE OF INVENTOR 205	DATE	SIGNATURE OF INVENTOR 211	DATE
SIGNATURE OF INVENTOR 206	DATE	SIGNATURE OF INVENTOR 212	DATE